

PASSENGER RESERVATION REQUEST – PCS TRAVEL

NAVPTO USE ONLY

1. COMMAND		2. DATE		3. TYPE <input type="checkbox"/> INITIAL <input type="checkbox"/> CHANGE		NO-AMC CERT (ATTACH PORT CALL IF BOOKED)		
4. PLR/TRAVEL COORDINATOR		5. PHONE		6. E-MAIL ADDRESS		TYPE TRAVEL		AMC NON-USE
7. MEMBER'S NAME (Last, First, MI)		8. RANK/RATE		9. SSN		SERVICE BRANCH		TVL ADVISE MSG DTG
10. PHONE		11. E-MAIL ADDRESS				12. DETACHMENT DATE		13. REPORT NLT DATE
14. MEMBER'S OFFICIAL ROUTING (INCLUDING TDY POINTS) DATE FROM TO						15. TYPE OF TRAVEL <input type="checkbox"/> PCS <input type="checkbox"/> SEP <input type="checkbox"/> RET <input type="checkbox"/> COT		16. TRAVEL WINDOW <input type="checkbox"/> +7 DAYS <input type="checkbox"/> +14 DAYS
						17. ALTERNATE ROUTING REQUESTED BY MEMBER DATE FROM TO		
18. FAMILY MEMBER(S) OFFICIAL ROUTING (IF DIFF FROM MEMBER) DATE FROM TO						NOTE: MEMBER MUST PAY ADDITIONAL COST, IF ANY.		
						19. SPECIAL CONSIDERATIONS <input type="checkbox"/> INFANT <input type="checkbox"/> MEDICAL (SPECIFY)		
						20. TYPE SEAT REQUESTED (COMMERCIAL AIRCRAFT ONLY) <input type="checkbox"/> WINDOW <input type="checkbox"/> AISLE <input type="checkbox"/> NO SMOKING (IF APPLICABLE)		
21. DEPENDENT INFORMATION:								
NAME (Last, First, MI)			RELATIONSHIP		DOB (CHILDREN)		PASSPORT NUMBER OR SSN (AS REQUIRED)	EXPIRATION DATE (IF APPLICABLE)
22. PET SHIPMENT REQUEST (NOTE: AMC LIMITS 2 PETS, CATS OR DOGS ONLY, WITH MAXIMUM WEIGHT OF 100 POUNDS EACH)								
PET #1 <input type="checkbox"/> CAT <input type="checkbox"/> DOG CAGE W L H TOTAL WEIGHT LBS AGE SEX BREED PET #1 <input type="checkbox"/> CAT <input type="checkbox"/> DOG CAGE W L H TOTAL WEIGHT LBS AGE SEX BREED								
23. LODGING NAVY BASE/SCHOOL LOCATION FOR BQ IF BQ NOT AVAILABLE PREFERRED HOTEL GUARANTEE LATE ARRIVAL <input type="checkbox"/> YES <input type="checkbox"/> NO TIME IF YES, C/C NAME/NO/EXP:						24. REMARKS		
NOTES: 1. THE FOLLOWING ARE NECESSARY FOR THE COMPLETION OF THIS REQUEST: - ORIGINAL TRAVEL ORDERS - SIGNED PSafe FORM 4650/9 OR DD FORM 884 (APPLICATION FOR TRANSPORTATION OF DEPENDENTS) IF APPLICABLE - CERTIFICATION FOR TRAVEL VIA HOMEPORT, DESIGNATED PLACE, POV PICK UP/GOVT OR COML STORAGE FACILITY, COT/HOR 2. PLAN YOUR TRIP CAREFULLY BEFORE SUBMISSION OF THIS REQUEST. CHANGES TO CONFIRMED FLIGHTS MAY BE MADE ONLY AS A RESULT OF ORDER MODIFICATION OR DUE TO MISSION REQUIREMENTS AND MUST BE APPROVED BY THE COMMANDING OFFICER.								
PRIVACY ACT STATEMENT: THE INFORMATION REQUESTED ON THIS FORM IS PROTECTED UNDER AUTHORITY OF T U.S.C. 552a AND THE JOINT TRAVEL REGULATIONS TO PROVIDE A MEANS OF MAKING PERMANENT CHANGE OF STATION (PCS) TRAVEL ARRANGEMENTS. THE FORM IS USED AS A GUIDE FOR PREPARING AN ACCURATE TRAVEL ITINERARY AND REMAINS PART OF THE RETAIN FILE. DISCLOSURE OF REQUESTED INFORMATION IS VOLUNTARY, HOWEVER COMPLETION OF THIS FORM IS NECESSARY BEFORE TRANSPORTATION CAN BE AUTHORIZED. FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION MAY RESULT IN DISAPPROVAL OF TRAVEL REQUEST.								
24. MEMBER'S SIGNATURE							25. DATE	
PERSON VERIFYING PASSENGER RESERVATION REQUEST AND PSafe FORM 4650/9 OR DD FORM 884								
26. PRINTED NAME (Last, First, MI)				27. SIGNATURE				28. DATE
NAVPTO/PSD USE ONLY								
29. ORIGIN		30. INTERMEDIATE			31. ULTIMATE <input type="checkbox"/> CHECK BOX IF AFLOAT OR DEPLOYABLE UNIT			
32. NUMBER OF SEATS		33. DETACHMENT DATE		34. APOD			35. ALTERNATE APOD	
36. DESIGNATED PLACE OF DEPENDENTS			37. POV SHIPMENT PICK UP/GOVT-COML STORAGE SITE				38. TRAVEL VIA HOMEPORT	
39. HOME OF RECORD FOR COT TRAVEL			40. DEFERRED COT <input type="checkbox"/> YES <input type="checkbox"/> NO		41. TRAVEL ADVANCE FROM TO			